

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
FTR GOLD RECORDING OR TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Colin M. Stephens		2. PHONE NUMBER (406) 721-0300		3. DATE 1/11/2016	
4. MAILING ADDRESS 315 W. Pine		5. E-MAIL ADDRESS colin@smithstephens.com		6. CITY Missoula	7. STATE MT
8. ZIP CODE 59802	9. JUDGE Jeremiah C. Lynch		10. CASE NAME U.S. v. Canadadrugs.com Ltd., et. al.		
11. U.S. DISTRICT COURT CASE NUMBER CR 14-27-BU-DLC			12. COURT OF APPEALS CASE NUMBER		
13. ORDER FOR <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> APPEAL</div> <div style="width: 50%;"><input type="checkbox"/> CRIMINAL</div> <div style="width: 50%;"><input type="checkbox"/> CRIMINAL JUSTICE ACT</div> <div style="width: 50%;"><input type="checkbox"/> BANKRUPTCY</div> <div style="width: 50%;"><input type="checkbox"/> NON-APPEAL</div> <div style="width: 50%;"><input type="checkbox"/> CIVIL</div> <div style="width: 50%;"><input type="checkbox"/> IN FORMA PAUPERIS</div> <div style="width: 50%;"><input checked="" type="checkbox"/> OTHER - Specify</div> </div>					
14. RECORDING REQUESTED: Specify portion(s) and date(s) of proceeding(s). PAYMENT: Financial arrangements must be made with the Clerk's Office before recording is prepared. Copy Cost: \$30 for each proceeding.					
Proceedings		Date(s)		Judge	
Initial Appearance/Arrestment		1/7/2016		Judge Lynch	
15. TRANSCRIPT REQUESTED: Select transcriber from the provider list. Specify portion(s) and date(s) of proceedings. Financial arrangements must be made with the transcriber before the transcript is prepared.					
Proceedings		Date(s)		Judge	
Initial Appearance/Arrestment		1/7/2016		Judge Lynch	
CATEGORY	ORIGINAL <small>Includes certified copy to clerk for records of the Court</small>	FIRST COPY	ADDITIONAL COPIES	FORMAT REQUESTED <small>Each format is billed as a separate transcript copy.</small>	
				Paper	Electronic Specify File Format
30-Day	\$3.65/page <input type="checkbox"/>	\$90/ page <input type="checkbox"/>	\$60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	\$60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/ page <input checked="" type="checkbox"/>	\$90/ page <input type="checkbox"/>	\$60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
16. DISTRIBUTION E-file this form with the Clerk's Office, mail to opposing counsel if they are not electronic filers and serve the court reporter. If payment is authorized under CJA, do not e-file the CJA-24 form. Mail it to the transcriber. <div style="text-align: right; margin-top: 10px;">Signature: /s/ Colin M. Stephens</div>					